## The Law Offices of Shelly B. West

Three Energy Square 6688 North Central Expressway, Suite 1000 Dallas, Texas 75206

consult \$\_\_\_\_

## 214-373-9292

www.edallasattorney.com

FORM 1

## PROBATE INFORMATION LIST

Please obtain as many of the following described items and as much of this requested information as possible. If an item definitely applies to this estate and you have obtained all documents and/or have furnished all information requested, so indicate by a check mark. Do not be surprised if you cannot complete all items.

PLEASE LET US COLLECT ALL LIFE INSURANCE\* AND EMPLOYEE BENEFITS SINCE IT IS MANDATORY FOR US TO OBTAIN CERTAIN INFORMATION DIRECTLY FROM THE COMPANIES. IT WILL ALSO MAKE OUR JOB EASIER IF YOU WILL NOT PAY ANY OF DECEDENT'S BILLS BEFORE OUR FIRST APPOINTMENT.

Please assemble the items in the order below, fill in the answers to the questions and bring this list and the assembled materials to my office. When you have as much as you can furnish, please call my secretary to make an appointment.

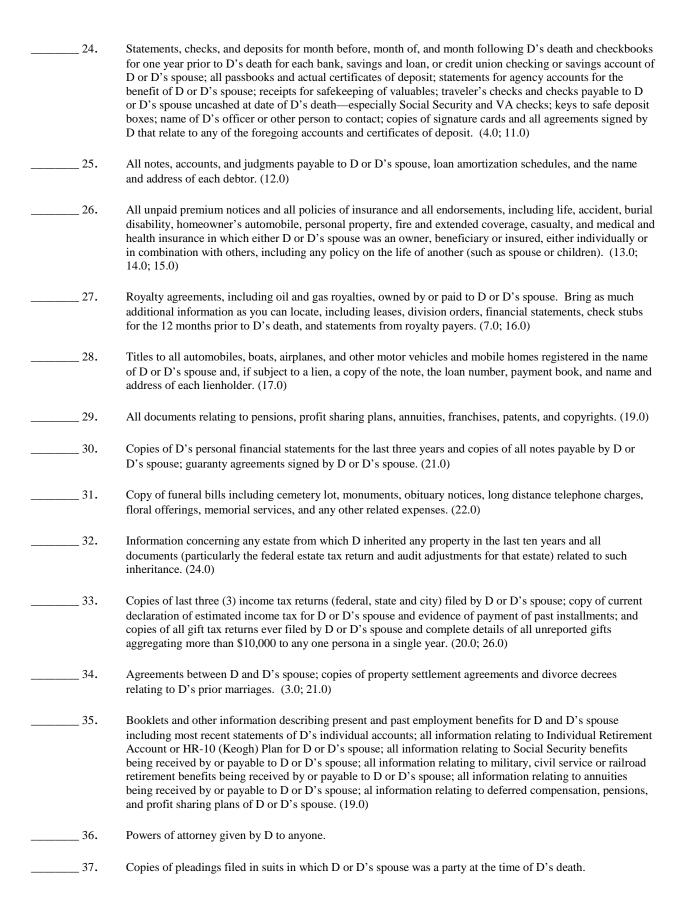
| Referred By:            |                                  | Date                       |                     |
|-------------------------|----------------------------------|----------------------------|---------------------|
| Full Name:              |                                  |                            | Age:                |
| Home Address            |                                  |                            | ounty of Residence: |
| Telephone Number        | s: (Work):                       | (Home):                    |                     |
| Other numbers:          | (Cell):                          | (Fax):                     |                     |
| Business Name:          |                                  |                            |                     |
| Business Address:       |                                  |                            |                     |
| email Address:          |                                  |                            |                     |
| Emergency Contact       | Emergency Contact Person: Phone: |                            |                     |
| How Many Attorne        | eys Have You Had?                |                            |                     |
|                         | PRO                              | OBATE INFORMATION LIST     |                     |
| Full Name of Deced      | dent (D)                         |                            |                     |
| Date of Death           |                                  |                            |                     |
|                         | In                               | formation to be completed: |                     |
| CHECK WHEN<br>COMPLETED |                                  |                            |                     |
| 1.                      | Date and place of D's birth      |                            |                     |
|                         | D's residence address at time of | death                      |                     |
|                         | Approximate date on which D he   | ecame a Texas resident     |                     |

|    | If D and D's surviving spouse had not resided in Texas during the entirety of their marriage, list all places of of residence and approximate dates |
|----|---|
|    | D's citizenship if not U.S  |
|    | D's Medicare number   |
|    | Dates and branch of D's military service  |
|    | D's occupation at the date of death and the name, address and phone number of employer and of person to Contact concerning benefits                 |
|    | If D was self-employed, list D's trade name, business address, and employer identification number of D's Business                                   |
|    | If retired, give D's former occupation, employer, and nature of business  |
| 2. | Club, fraternal and lodge memberships of D or D's spouse (1.0)  |
| 3. | Length of D's last illness  |
|    |   |
|    |   |
| 4. | Names and addresses of D's personal physician and of physicians and nurses attending D during D's last illness (1.0)                                |
|    |   |
|    |   |
| 5. | Names and addresses and phone numbers of the witnesses to D's most recent will and all codicils (2.0)   |
|    |   |

|    | Name, address and phone number of each executor, trustee and guardian (including alternates) named in D's will (2.0)  |
|----|---|
| 6. | If D was not survived by either spouse or children, or if D's will provides benefits to institutions or to person other than the surviving spouse and children, please furnish name, address, phone number, date of birth, last digits of Social Security number, marital status and name of that person's spouse, and relationship to D for each of those institutions or persons and also for D's surviving parents (3.0) |
| 7. | Date and place of marriage to and name, address, phone number, date of birth, last 4 digits of Social Security number, citizenship, and current income tax bracket of D's surviving spouse (3.0)  |
|    | Same information with respect to all D's prior spouses, especially dates and places of those marriages and of termination of prior marriages and whether terminated by death or divorce (3.0)   |
| 8. | Name, address, phone number, date of birth, last 4 digits of Social Security number, current income tax bracket, marital status and name of spouse of <u>all</u> children ever born to or adopted by D, whether presently living or not, and identify the other parent. If D was not survived by either a spouse or children, check here (3.0)  |
|    |   |
| 9. | Name and address of each bank where D maintained or had access to or kept items in a safe deposit box,  |
|    | the box number(s), and the name, address and relationship of all other persons having access to those boxes (4.0)   |

| 10. | Name, address and phone number of D's personal secretaries, attorneys, accountants, tax return preparers, stockbrokers, life insurance agents, casualty insurance agents, health and accident insurance agents, bankers, and other professional advisors (5.0; 9.0; 13.0: 14.0: 15.0)   |
|-----|---|
|     |   |
| 11. | Description of any improvements to real estate (7.0)  |
| 12. | Style of account, account number and name and location of bank, savings association, and credit union for   |
|     | each checking or savings account or certificate of deposit in the name of D or D's spouse or on which D could sign, and name of officer, if known (11.0)  |
|     |   |
| 13. | Detailed description of all motor vehicles including make, model, year, body type, mileage, and major equipment such as air conditioning, automatic transmission, power equipment, sun roof, stereo, tape deck, CB, etc. (17.0)   |
| 14. | General description of all other property owned by D or D's spouse, including livestock, farm products, leasehold interests, jewelry, household goods and personal effects. With respect to jewelry, household goods and personal effects, itemize only those items of considerable value (\$1,000.00 or more). Bring as much additional information as you can locate, including financial statements, related to these items (18.0) |
|     |   |
|     |   |
|     |   |
| 15. | List outstanding accounts, charge or credit card purchases (including account numbers) made but not yet billed, and other debts and charitable pledges owed by D or D's spouse on the date of D's death and names, addresses and phone numbers of those creditors (21.0)  |
|     |   |
|     |   |
|     |   |

| 16.        | Name, address and phone number of funeral home (22.0)   |
|------------|---|
| 17.        | List of expenses of last illness (unpaid at D's death), including names of payees and amounts paid for physicians, nurses, hospital, drugs, sick room equipment, etc. (23.0)  |
| 18.        | If there is insurance on life of D that is payable to D's company, partners, fellow stockholders, or employees, give their names, addresses and telephone numbers and furnish complete details. (13.0)  |
|            |   |
| CHECK WHEN | Items to locate and bring with you:   |
| COMPLETED  |   |
| 19.        | All signed copies of D's wills and codicils and memoranda concerning disposition of personal property; copies of all trusts created by or for the benefit of D or D's spouse; current financial statement for each of those trusts and a list of all beneficiaries with the birth dates; D's death certificate (one for each policy of insurance on D's life plus one additional for our file); copy of D's obituary notice and any newspaper articles if D's death was not from natural causes; documents relating to travel clubs, automobile associations, and other organizations if D's death was accidental; copies of will and codicils of D's spouse. (1.0; 2.0)  |
| 20.        | If D served in military, bring certificate of discharge or separation and other documents relating to military benefits. (1.0)  |
| 21.        | Deeds and contracts for deeds to all real estate owned or being purchased by D or D's spouse (including oil, gas, and other mineral interests) and, if owned with others, the names and addresses of all co-owners. If any property was purchased within 5 years of D's death, bring a copy of the closing statement. If the property was leased, bring copies of all leases. If survey plats, street addresses of the properties, copies of all appraisals made within 5 year of D's death, property tax receipts for most current year, and title policies are available, bring them, too. Also, please bring any documents where D created any easements, disposed of portions of the original property, or was involved in any condemnation proceedings. If real estate was not paid for, bring loan number, payment book and/or loan amortization schedule, and address of mortgage company or other note holder and copies of notes, mortgages, and other documents. Bring listing agreements or contracts for the purchase or sale of real estate by D or D's spouse pending at the date of D's death. (7.0) |
| 22.        | Original bonds, including government bonds and stock certificates owned or registered in the name of D or D's spouse or in combination with others. If securities are held for safekeeping or in an account by a broker or a custodian, please furnish most recent statement and name and address of firm where held. If D or D's spouse owned stock in a closely held corporation, please furnish income tax returns, balance sheets, and profit and loss statements for the five most recent years. In all instances, please provide copies of all restrictions on transfer of these securities. (8.0; 9.0; 10.0)   |
| 23.        | Partnership, "buy-sell," employment, franchise, stock purchase, stock option, and other agreements signed by either D or D's spouse. If D or D's spouse owned an interest in a partnership, please furnish income tax returns, balance sheets, and profit and loss statement for the five most recent years. (10.0: 16.0)   |



| 38. | Published articles, photographs, or descriptions of home furnishings, art work, collections, or other items |
|-----|---|
|     | shown in newspapers, magazines, and other publications.   |

## PLEASE ASSEMBLE THE ITEMS IN THE ABOVE ORDER AND BRING THIS LIST WITH YOU.

NOTE: In order to obtain Social Security, Railroad Retirement, Medicare, and Veterans Benefits, you may need to locate and furnish D's birth certificate, marriage license, adoption and divorce documents, and military discharge certificate.

NOTE: In the event of an audit of D's death tax returns, it will be necessary to have D's check registers, bank statements, canceled checks, savings account records, and brokerage records for the three (3) years prior to and two (2) months following D's death.